NO (BOX (AG)

Patent Attorney's Docket No. <u>001560-387</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED** MAR 1 9 2001 In re Patent Application of Group Art Unit: 1655 TECH CENTER 1600/2900 Keiko SAKAKIBARA et al Examiner: Juliet Einsmann Application No.: 09/673,300 RECEIVED Filed: October 16, 2000 MAR 1 5 2001 GENE ENCODING A PROTEIN For: HAVING A GLYCOSYL TECH CENTER 1600/2900 TRANSFERASE ACTIVITY TO **AURONES**

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

| Enclo | sed is a reply for the above-identified patent application. |
|-------|--|
| [] | A Petition for Extension of Time is also enclosed. |
| [] | A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed. |
| [X] | Also enclosed are the following: A Declaration Pursuant to 37 C.F.R. §§1.821-1.825 and a copy of the "Sequence Listing" in computer readable form in compliance with 37 C.F.R. §§1.823(b) and 1.824. |
| [] | Small entity status is hereby claimed. |
| [] | Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [1.\$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e). |
| | [] Applicant(s) previously submitted, on, for which continued examination is requested. |
| [] | Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. 8 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. |
| [] | A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed. |

Amendment/Reply Transmittal Letter Application No. 09/673,300 Attorney's Docket No. 001560-387 Page 2

[X] No additional claim fee is required.

[] An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | | |
|--|------------------|---|-----------------|-------------------|---------------|--|
| | No. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE | |
| Total Claims | | MINUS = | | × \$18.00 (103) = | | |
| Independent Claims | | MINUS = | | × \$80.00 (102) = | | |
| If Amendment adds multiple dependent claims, add \$270.00 (104) | | | | | | |
| Total Amendment Fee | | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | | |

| [|] | A claim fee in | he amount of \$ is | enciosea. |
|---|---|----------------|------------------------|-----------|
| r | 1 | Charge \$ | to Deposit Account No. | 02-4800. |

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: March 13, 2001